



Teen Extreme 2008

This program is back after a great first year and it is designed for Middle School students entering grades 6th, 7th, and 8th for the 2008-2009 school year. There are **seven** sessions that begin June 30th and end on August 14th. The program will run Monday thru Thursday at Hanover High School each week. Fridays are a possible makeup date. The general weekly schedule is as follows:

	Time	Activities
Monday	9:30 AM-2:30 PM	FUN!—games, sports, crafts, etc.
Tuesday	Varies	Field Trip
Wednesday	9:30 AM-2:30 PM	FUN!—games, sports, crafts, etc. Pizza Day
Thursday	Varies	Field Trip



Field Trip Schedule and Times

Session 1 (6/30-7/3) Canobie Lake Park (7/1 9:30-5:30) & Starland (7/3 9:30-2:30)

Session 2 (7/7-7/10) Water Wizz (7/8 9:00-4:30) & Armstrong Ice Arena (7/10 9:30-2:30)

Session 3 (7/14-7/17) Morton's Pond, Plymouth (7/15 9:30-2:30) & P & L Paintball, Bridgewater (7/17 9:30-2:30)

Session 4 (7/21-7/24) Charles River Kayak (7/22 9:30-2:30) & United Skates of America, RI (7/24 9:00-2:30)

Session 5 (7/28-7/31) Water Country (7/29 9:00-6:00) & Paw Sox (WED 7/30 9:00-4:30)

Session 6 (8/4-8/7) IMAX/Aquarium by boat (8/5 9:00-3:00) & Boston Bowl & Billiards (8/7 9:30-2:30)

Session 7 (8/11-8/14) Water Wizz (8/12 9:00-4:30) & Laser Gate, Fall River (8/14 9:30-2:30)

Inclement weather? Outside trips will be rescheduled to the following day



Notes: Cost \$99/week

Admission to the event, transportation, and supervision are included in the cost. Additional spending money for meals, etc. on various trips is recommended.

Limit-40 participants/week – Register for as many as you would like.

Registration:

Registrations are accepted on a first-paid, first served basis to Hanover residents.

⇒ **Mail-in ONLY March 3rd – March 14th** - Allows equal access! Register by mail!

- A stamp and postmark is required.
- Applications within the immediate family (only) should be mailed together in the same envelope. Each child needs a separate and complete application.
- Send application and check payable in full to: Hanover Parks and Recreation - 550 Hanover Street - Hanover, MA 02339 - Attention: Summer Teen Extreme.
- **Drop off Registration (if space is available)** Begins Monday, March 24th, 9 AM to Noon at the Town Hall.
- **Questions? Call 781-826-PLAY (7529) or email hanoverparkandrec@gmail.com**

2008 Hanover Parks and Recreation Teen Extreme Application

Childs Last Name	First Name	Sex	D.O.B.	Age (Summer)	Grade (Completed)
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Session 1 (6/30-7/3) _____ Session 2 (7/7-7/10) _____ Session 3 (7/14-7/17) _____ Session 4 (7/21-7/24) _____

Session 5 (7/28-7/31) _____ Session 6 (8/4-8/7) _____ Session 7 (8/11-8/14) _____

Parents Names: _____ **Email Address:** _____

Mother: _____ **Phone: (H)** _____ **(W)** _____

Address: _____ **(Cell/Pager #s)** _____

Bus. Address: _____ **Schedule:** _____

Father: _____ **Phone: (H)** _____ **(W)** _____

Address: _____ **(Cell/Pager #s)** _____

Bus. Address: _____ **Schedule:** _____

Guardian is: **Mother** _____ **Father** _____ **Other** _____

Please notify us in writing of any special custody situations

Emergency Contacts:

1. Name: _____ **Relationship:** _____

Phone: (H) _____ **(W)** _____ **Address:** _____

2. Name: _____ **Relationship:** _____

Phone: (H) _____ **(W)** _____ **Address:** _____

Relevant Medical Information: _____

Insurance Company _____ **Policy Number** _____

Family Physician _____ **Phone:** _____

PERMISSION & WAIVER:

I give my permission for the person listed above to participate in activities and field trips sponsored by the Hanover Parks and Recreation Committee. I acknowledge that there may be inherent risks in these activities and I do not hold the Hanover Parks and Recreation Committee, its employees or the Town of Hanover liable for injury, loss or damage to persons or property. I hereby grant permission to the attending physician and his/her staff in charge of my child for anesthesia, medical, x-ray and emergency surgical procedures as may be deemed necessary or advisable. I understand that in an emergency, whenever possible, an attempt will be made to communicate with me prior to use of this permission. I agree that photographs taken during department activities may be used for promotional purposes.

Signature of Parent or Guardian

Date